



**ALABAMA BOARD OF COSMETOLOGY**  
**RSA UNION BUILDING**  
 100 North Union St., Suite 320, Montgomery, AL 36130-1750  
 Phone: 334-242-1918; Toll Free: 1-800-815-7453; Fax: 334-242-1926  
 www.aboc.state.al.us

**APPLICATION FOR ESTABLISHMENT RENEWAL 2005 - 2007**

- **Renewal Fee: Salon -- \$100      School -- \$150      Cosmetic Studio -- \$100**
- **A Late Charge of \$25 Will be Assessed if Renewal is Received in Office After October 31st**

**Fee Enclosed: \_\_\_\_\_ Late Charge \_\_\_\_\_ Total \_\_\_\_\_**  
**Money Order, Cashier's Check or Salon Check Only. No Personal Checks**

**Please Print**

Salon Name \_\_\_\_\_ Record ID# \_\_\_\_\_

Location Address: Street \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address is different from location address \_\_\_\_\_

License Type \_\_\_\_\_ Phone with area code \_\_\_\_\_

Salon Owner's Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Owner's Home Address: Street \_\_\_\_\_ City \_\_\_\_\_ Phone number \_\_\_\_\_

Salon Owner's Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Owner's Home Address: Street \_\_\_\_\_ City \_\_\_\_\_ Phone number \_\_\_\_\_

**Circle Regular Days Open:    M   T   W   T   F   S   S**

Manager on Duty Name \_\_\_\_\_ Record ID # \_\_\_\_\_

**Circle Manager on Duty's Regular Days off: M   T   W   T   F   S   S**

Signature of Owner(s) \_\_\_\_\_ Date \_\_\_\_\_

- **No License is Valid for a Period of More Than 2 Years**
- **Changes in Address, Ownership or Manager on Duty Must be Immediately Reported to Board**

ABOC USE ONLY	
Pymt # _____	_____
Type _____ Fee _____	Late Chg _____
Tot Fee _____	Date _____
Proc by _____	Date Ret _____
Notes _____	_____